

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/509808

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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24			1			
25			1			
26			2			
27			2			
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31			1			
32			2			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			2			
44			2			
45			1			
46			1			
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			31			
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY